CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00088320		2 Total pages file		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY	
OFFICEHOLDER	Mr.	Doug D.					
NAME		200921			Date Received		
					ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX			
		Peterson		0011.01			
		Feleison					
4 CANDIDATE /	ADDRESS / PO BOX; AP	r / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER	14917 El Camino Real B	ox #891193					
MAILING ADDRESS					Receipt #	Amount	
I							
Change of Address	Houston, TX 77289				Date Processed		
					Ballo I Tobbobba		
					Data Imaged		
					Date Imaged		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI			
NAME	Mr.	Luis Angel					
	NICKNAME	LAST		SUFFIX			
		Sanchez		50111X			
		Sanchez					
6 CAMPAIGN	STREET ADDRESS (NO PO) BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	7322 Donnino Dr						
ADDITESS							
(Residence or Business)	Toyoo City, TV 77501						
	Texas City, TX 77591						
			EVTENCION				
7 CAMPAIGN TREASURER		NE NUMBER	EXTENSION				
PHONE	(281) 889-0832						
8 REPORT							
TYPE	January 15	X 30th day befor	e election	Runoff	15th day after can		
					appointment (offic		
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)	
				reporting innit			
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TI	HROUGH	09/26/202	4		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year		Primary	Runoff	Other		
	11/05/2024		minary	Kulloli			
	11/05/2024		General	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
	State Representative Dis	triat 120 Harria					
	State Representative Dis	Incl 129 Hams		Sidle Represent	ative District 129		
		с О .	TO PAGE 2				
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 21

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13 C / OH NAME	Peterson, Doug D. (Mr.) 14 Filer ID 00088320			(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		LIZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
	2. TOTAL POLITIC					
	5)	\$ 11,827.71				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 130.95		
		\$ 5,107.58				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		Mr. E	Doug D. Peterson			
		Signature of	Candidate or Officehol	der		
AFFIX NC	DTARY STAMP / SEAL AB	OVE				
Sworn to and subs	scribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of off	icer administering	Printed name of officer administering	Title of officer	r administering oath		

SUBTOTALS - C/OH	FORM C/OH	
		3 of 21
18 FILER NAME Peterson, Doug D. (Mr.)	19 Filer ID 00088320	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,827.71
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 5,107.58
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/21	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-	Peterson, Do				00088320	, , , , , , , , , , , ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/24/2024	ANDERSON, SANDRA				\$2,000.00
		6 Contributor address; City; State; Zip Code		1		
		Montgomery, TX 77358				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/26/2024	ANDERSON, SANDRA				\$3,000.00
		Contributor address; City; State; Zip Code		1		
		MONTGOMERY, TX 77358				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/20/2024	Aguilar, Kathryn				\$50.00
		Contributor address; City; State; Zip Code		1		
		La Porte, TX 77571				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Teacher		GCCISD			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/28/2024	Alix, Samuel				\$25.00
		Contributor address; City; State; Zip Code		1		
		Seabrook, TX 77586	-			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Not Employe	ed	Not Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	08/21/2024	BOWMAN, PETER				\$100.00
		Contributor address; City; State; Zip Code		1		
		NASSAU BAY, TX 77058				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/13 Rpt: 5/21	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Peterson, Do	oug D. (Mr.)			00088320	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/23/2024	BOWMAN, PETER			-	\$100.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ	NASSAU BAY, TX 77058				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/08/2024	Baker, John				\$25.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Felton, DE 19943				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed .	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/27/2024	Beard, Loretta				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Dickinson, TX 77539				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	:d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/18/2024	Bertrand, Robert				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Friendswood, TX 77546	1			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Representati	.ve	Primerica			
	Date	Full name of contributor out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
	08/30/2024	Bertrand, Robert				\$50.00
		Contributor address; City; State; Zip Code]		
\vdash		Friendswood, TX 77546	1 /2	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Representati	NG	Primerica			

Ē	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/21	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Peterson, Do	oug D. (Mr.)			00088320	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/26/2024	Boyd, Cathy				\$300.00
		6 Contributor address; City; State; Zip Code		1		
		Friendswood, TX 77546				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/06/2024	Burgess, Aaron				\$25.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77003				
		pation / Job title (See Instructions)	Employer (See Instructions			
	District Direc	tor	Texas House of Repres	en	tatives	
\square	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/17/2024	COROY, ALBERT				\$25.00
		Contributor address; City; State; Zip Code		1		
		Center Point, TX 78010	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	\d 	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	09/12/2024	Calaway, Wallis				\$50.00
		Contributor address; City; State; Zip Code]		
\vdash	<u> </u>	Houston, TX 77059		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	Carrell, Frederick]		\$10.00
		Contributor address; City; State; Zip Code				
		Cupamara II 60179				
\vdash	Duin singly agon	Sycamore, IL 60178		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d 	Not Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/21		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Peterson, Do	oug D. (Mr.)			00088320	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Carrell, Frederick				\$10.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
		Sycamore, IL 60178	-			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/15/2024	Carrell, Frederick				\$10.00
	1	Contributor address; City; State; Zip Code				
		Sycamore, IL 60178				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/05/2024	Carrell, Frederick D.				\$25.00
	ļ	Contributor address; City; State; Zip Code		1		
		Sycamore, IL 60178		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Carrell, Frederick D.				\$25.00
		Contributor address; City; State; Zip Code				
	ļ	Sycamore, IL 60178				
\vdash	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	Not Employe		Not Employed)		
┝				.		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	Ф <u>Э</u> Е ОО
	09/03/2024					\$25.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Sycamore, IL 60178				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Not Employe		Not Employed	''		
-						

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/21	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Peterson, Do	oug D. (Mr.)			00088320	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/24/2024	Coblentz, Linda			• •	\$25.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77063				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	èd	Not Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/12/2024	Corona, Marty				\$10.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/12/2024	Corona, Marty				\$10.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	2d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/11/2024	Daggett, Melissa				\$15.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77062		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Instructor		San Jacinto College	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/11/2024	Daggett, Melissa				\$15.00
		Contributor address; City; State; Zip Code				
		Usuatan TV 77060				
\vdash	D i vizzi e ev	Houston, TX 77062		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Instructor		San Jacinto College			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
· · ·	Sch: 6/13 Rpt: 9/21
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Peterson, Doug D. (Mr.)	00088320
4 Date 5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of Contribution (\$)
09/11/2024 Daggett, Melissa	
6 Contributor address; City; State; Zip Code	
Houston, TX 77062	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Ctions)
Instructor San Jacinto College	
Date Full name of contributor out-of-state PAC (ID#:	
09/21/2024 DeChellis, Marc	\$100.0
Contributor address; City; State; Zip Code	·······
Houston, TX 77062	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ctions)
Not Employed Not Employed	
) Amount of Contribution (\$)
Not Employed Not Employed	_) Amount of Contribution (\$) \$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:)	-
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS	-
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS Contributor address; City; State; Zip Code	-
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS Contributor address; City; State; Zip Code WASHINGTON, TX 20001	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS Contributor address; City; State; Zip Code	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS Contributor address; City; State; Zip Code WASHINGTON, TX 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS 08/20/2024 EVERY STATE BLUE TEXAS	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS 08/20/2024 EVERY STATE BLUE TEXAS	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 EVERY STATE BLUE TEXAS 08/20/2024 EVERY STATE BLUE TEXAS	\$416.5
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 ctions) Amount of Contribution (\$) \$40.0
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Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 ctions) Amount of Contribution (\$) \$40.0
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 ctions) _) Amount of Contribution (\$) \$40.0 Ctions)
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 () Amount of Contribution (\$) () Amount of Contribution (\$) () Amount of Contribution (\$)
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 () Amount of Contribution (\$) () Amount of Contribution (\$) () Amount of Contribution (\$)
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 () Amount of Contribution (\$) () Amount of Contribution (\$) () Amount of Contribution (\$)
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 ctions)
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:	\$416.5 ctions)

Ē	The Instruc	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/21	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Peterson, Do	oug D. (Mr.)				00088320	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	07/01/2024	Garcia, Adrian	_				\$2,500.00
		6 Contributor address; City; Stat	te; Zip Code				
		Houston, TX 77249					
8		pation / Job title (See Instructions)		9 Employer (See Instr	uctions)		
	Consultant			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/26/2024	Grim, Terry	_				\$50.00
		Contributor address; City; Stat	te; Zip Code				
		Houston, TX 77058					
		pation / Job title (See Instructions)		Employer (See Instr	uctions)		
	Not Employe	؛d		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/07/2024	Gushanas, Kim					\$5.00
		Contributor address; City; Stat	te; Zip Code				
		Houston, TX 77062					
	•	pation / Job title (See Instructions)		Employer (See Instr			
	Psychologist			University of Texa	is medica	al branch	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/25/2024	Hernandez, Patrick					\$25.00
		Contributor address; City; Stat	ιe; Zip Code				
		Houston, TX 77075					
		pation / Job title (See Instructions)		Employer (See Instru	uctions)		
	Not Employe	:0		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/15/2024	Hockstedler, Clara					\$25.00
		Contributor address; City; Stat	ie; Zip Code				
		Houston, TX 77058					
		pation / Job title (See Instructions)		Employer (See Instr	uctions)		
	Not Employe	:d		Not Employed			
1							

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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/21	
2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)	
Peterson, De		00088320	0)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/27/2024	Hutchison Cucco, Katherine		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Seabrook, TX 77586			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/27/2024	Hutchison Cucco, Katherine)		25.00
00/21/2021				_0.00
	Contributor address; City; State; Zip Code			
	Seabrook, TX 77586			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Not Employe		Not Employed	"	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/08/2024	LUTHER, Marianne		\$10	00.00
	Contributor address; City; State; Zip Code			
	Thurmond, NC 25583	i		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
RETIRED		RETIRED		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/26/2024	Lane, Helen		\$25	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77062			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/24/2024	MURPHEY, Leslie			50.00
	Contributor address; City; State; Zip Code			
	Seabrook, TX 77686			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l s)	
RETIRED		RETIRED	,	

The Instruction Guide explains how to complete this form.1 Total pages SoSch: 9/13 Rp	
2 FILER NAME 3 Filer ID (Ethi	cs Commission Filers)
Peterson, Doug D. (Mr.) 00088320	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Cor	tribution (\$)
07/20/2024 Malin, Jane	\$50.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77062	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 wordt Consultant activity	
Expert Consultant self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Cor	
08/20/2024 Malin, Jane	\$50.00
Contributor address; City; State; Zip Code	
Houston TV 77062	
Houston, TX 77062 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Expert Consultantself	
	· '' · ' (ক)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Cor	ntribution (\$) \$50.00
09/20/2024 Malin, Jane	υυ.υכφ
Contributor address; City; State; Zip Code	
Houston, TX 77062	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Expert Consultant self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Cor	Itribution (\$)
08/19/2024 Menard, Jane	\$50.00
Contributor address; City; State; Zip Code	
Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Not employed Not employed	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Cor	
	\$100.00
09/26/2024 Nasrullah, Mohammed	
09/26/2024 Nasrullah, Mohammed Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Houston, TX 77059	
Contributor address; City; State; Zip Code Houston, TX 77059 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code Houston, TX 77059	

	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/21	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Peterson, Do	oug D. (Mr.)		00088320	ŕ	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	÷	7	Amount of Contribution (\$)	
ľ	07/27/2024	Powell, Jonathan		[.	, income of 221111111111111111111111111111111111	\$25.00
	017217212	6 Contributor address; City; State; Zip Code		\mathbf{I}		*=0
		Continuation address, Gity, State, Zip Code				
		Taylor Lake Village, TX 77586				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ן</u>		
ľ		tal Consultant	self	,		
╞				1	i () stribution (b)	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	±05.00
	08/27/2024	Powell, Jonathan				\$25.00
		Contributor address; City; State; Zip Code				
		Taylor Lake Village, TX 77586				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Environment	tal Consultant	self			
	Date	Full name of contributor out-of-state PAC (ID#	······)	Γ	Amount of Contribution (\$)	
	09/25/2024	RICHARDSON, PARVIN				\$150.00
		Contributor address; City; State; Zip Code		1		
		HOUSTON, TX 77059				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED		RETIRED			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/14/2024	RITTER WAINWRIGHT, FRANCES				\$25.00
	00.2	Contributor address; City; State; Zip Code		·		*
		Contributor address, Gity, State, Zip Code				
		HOUSTON, TX 77062				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	RETIRED		RETIRED	,		
╞				1	i () stribution (b)	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	¢100.00
	09/09/2024	Revill, Laurie				\$100.00
		Contributor address; City; State; Zip Code				
		Coobrack TV 77E06				
		Seabrook, TX 77586				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			

L-						
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/21	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Peterson, Do	oug D. (Mr.)		00088320	-	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/06/2024	Robertson, Leslie				\$50.00
		6 Contributor address; City; State; Zip Code		ł		• -
		Houston, TX 77062				
8	Principal occu		9 Employer (See Instructions	⊥ s)		
	Software En		Boeing	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Π	Amount of Contribution (\$)	
	07/10/2024	Tomlinson, Robert	/			\$5.40
	0111012027			-		ΨΟ.+Ο
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	Not Employe		Not Employed	"		
╞				T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= 40
	08/10/2024	Tomlinson, Robert]		\$5.40
		Contributor address; City; State; Zip Code				
		Every damaged TV 775 AG				
\vdash	Drive inclusion	Friendswood, TX 77546		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
L	Not Employe		Not Employed	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2024	Tomlinson, Robert				\$5.40
		Contributor address; City; State; Zip Code		1		
		1				
L		Friendswood, TX 77546	-			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
L	Not Employe	ed	Not Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/26/2024	Van Kerrebrook, Mary				\$500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77002				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	lawyer	,	Van Kerr & Associates F	РС		
			1			
1						

L						
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/21	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Peterson, Do	oug D. (Mr.)		00088320	ŕ	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	08/21/2024	WYNN, MARTHA				\$40.00
		6 Contributor address; City; State; Zip Code		1		
		FRIENDSWOOD, TX 77546				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED		RETIRED			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	09/26/2024	Williams, Willie]		\$25.00
		Contributor address; City; State; Zip Code]		
		League City, TX 77573				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Engineer		NASA	5)		
╞	_	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (¢)	
	Date 08/09/2024	Full name of contributor Out-of-state PAC (ID# Young, Rick	¢:)		Amount of Contribution (\$)	\$500.00
	001031202-	Contributor address; City; State; Zip Code		ł		ψυυυ.υυ
		Continuator address, City, State, Zip Code				
		Evansville, IN 47715				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	07/16/2024	krist, kim	Ĩ			\$100.00
		Contributor address; City; State; Zip Code		1		
		houston, TX 77062		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷100.00
	08/16/2024	krist, kim			\$100.00	
		Contributor address; City; State; Zip Code				
		houston, TX 77062				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Not Employe		Not Employed	,		
⊢						

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/21
2 FILER NAME Peterson, Doug D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088320
09/16/2024 krist, kim 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00
houston, TX 77062 8 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed	
Date Full name of contributor out-of-state PAC (ID#:) 08/22/2024 roosa, kathryn Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$25.00
Houston, TX 77058 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Professor Austin comm college	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office Ov Polling E Printing I Salaries/	payme verhea xpense Expens Wages	nt/Reimbursement d/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 17/21		Peterson, Doug D. (Mr.)					00088320
4	Date 09/26/2024		Payee name ACTBLUE					
6	Amount (\$) \$257.39	:	Payee address; City; S 2118 CHERRYTREE RID HOUSTON, TX 77062	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th	iis schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	07/23/2024		AREA DEMOCRATIOC MOVEME	NT				
	Amount (\$) \$200.00		Payee address; City; S 2118 CHERRYTREE RID HOUSTON, TX 77062	State; Zip C	ode			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co		(b)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense N
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	09/23/2024		AREA DEMOCRATIOC MOVEME	NT				
	Amount (\$) \$200.00		Payee address; City; S 2118 CHERRYTREE RID	State; Zip C	ode			
			HOUSTON, TX 77062					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Contributions/Donations Made By Candidate/Officeholder/Political Co		(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense N
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/5 Rpt: 18/21		on, Doug D. (Mr.)					00088320	
4	Date 08/26/2024	Payee COST							
6	Amount (\$) \$64.94	2118 (address; City; CHERRYTREE RID TON, TX 77062	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Expense	top of this sche	edule)		ı, ТХ,	ide of Texas. Com , officeholder living SE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee	name						
	08/26/2024	HOME	DEPOT						
	Amount (\$) \$22.73	2118 (address; City; CHERRYTREE RID TON, TX 77062	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Expense	top of this sche	edule)		ı, ТХ,	de of Texas. Com , officeholder living SE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee	name						
	07/24/2024	MONA	RCH PRINTING						
	Amount (\$) \$389.70		address; City; CHERRYTREE RID	State;	Zip Coo	le			
		HOUS	TON, TX 77062						
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the g Expense	top of this sche	edule)			de of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C nmittee L	Event Expense Tees ood/Beverage Expense Sift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/5 Rpt: 19/21		Peterson, Do	oug D. (Mr.)					00088320	
4	Date	5	Payee name							
	09/20/2024		MONARCH	PRINTING						
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de			
	\$1,299.00		2118 CHERI	RYTREE RID		•				
			HOUSTON,	TX 77062						
8	PURPOSE						(b) Description			
ľ	OF		Printing Expe	e Categories listed at the	e top of this sch	iedule)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	officeholder living	expense
							PRINTING E	XP	ENSES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	09/25/2024		Office Depot							
	Amount (\$)		Payee address	s; City;	State;	; Zip Co	de			
	\$4.74		2118 CHER	RYTREE RIDGE	E LN					
			HOUSTON,	TX 77062						
	PURPOSE OF EXPENDITURE	(a)	Category (See OFFICE EXF	e Categories listed at the PENSE	e top of this sch	edule)		, тх,	de of Texas. Com officeholder living ISE	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Dffice sou	jht		Office he	eld
	Date		Payee name							
	08/22/2024		SPRINT 2 S	PRINT						
	Amount (\$)		Payee address	s; City;	State;	; Zip Co	de			
	\$1,685.99		2118 CHER	RYTREE RID						
			HOUSTON,	TX 77062						
	PURPOSE	(a)	Category (See	Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising E			,	Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE								officeholder living	expense
							YARD SIGNS	5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	Jht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expr Gift/Awards/Memoria	ense als Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 20/21		Peterson, Doug D. (Mr.)					00088320
4	Date	5	Payee name					
	08/29/2024		SPRINT 2 SPRINT					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$798.34		2118 CHERRYTREE RID					
			HOUSTON, TX 77062					
8	PURPOSE	(a)	Category (See Categories listed a	t the ton of this sch	edule)	b) Description		
	OF	. ,	Advertising Expense		icuaic)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		5 1					, officeholder living expense
						YARD SIGN	S	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	expenditure to benefit C/OI	·						
	Date		Payee name					
	08/08/2024		THECAUCUS.ORG					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$40.00		2118 CHERRYTREE RID					
			HOUSTON, TX 77062					
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	b) Description		
	OF EXPENDITURE		Advertising Expense		,	Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						MEMBERSH	IP	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	09/10/2024		WALMART					
	Amount (\$)		Payee address; City;		; Zip Coo	le		
	\$10.80		2118 CHERRYTREE RID					
			HOUSTON, TX 77062					
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	b) Description		
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						EVENT EXP	EN	SE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	,							

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 5/5 Rpt: 21/21	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Peterson, Doug D. (Mr.) 00088320
4 Date 08/22/2024	5 Payee name WELLS FARGO BANK
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 2118 CHERRYTREE RID HOUSTON, TX 77062
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H